

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

ADDRESS (number and street) ▼

2150 RIVER PLAZA DR. #150

☐ Check if different than previously reported. (ACC)

SACRAMENTO

CA

95833

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00514224

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Bauer

Signature of Treasurer

David Bauer

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		14486.55
(b) Cash on Hand at Beginning of Reporting Period.....	13976.55	
(c) Total Receipts (from Line 19) .....	95000.00	95200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	108976.55	109686.55
7. Total Disbursements (from Line 31) .....	78935.77	79645.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	30040.78	30040.78
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	22955.21	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
05 / 01 / 2016

To:

M M / D D / Y Y Y Y Y  
05 / 31 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

95000.00

95000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

95000.00

95000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

95000.00

95000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

200.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

95000.00

95200.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

95000.00

95200.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5233.45	5943.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5233.45	5943.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	73702.32	73702.32
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78935.77	79645.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78935.77	79645.77

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	95000.00	95000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	95000.00	95000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	5233.45	5943.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	200.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	5233.45	5743.45

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Sch. B lines 21, 24

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

Full Name (Last, First, Middle Initial)

**A. . SANTA YNEZ BAND OF**

Mailing Address P. O. BOX 517

City State Zip Code  
 SANTA YNEZ CA 93460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOVEREIGN NATION

Occupation

INDIAN TRIBE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

Transaction ID : INCA147

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. . UNITED AUBURN INDIAN COMMUNITY**

Mailing Address 455 CAPITOL MALL #600

City State Zip Code  
 SACRAMENTO CA 95814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOVEREIGN NATION

Occupation

INDIAN TRIBE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2016

Transaction ID : INCA151

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. . PICAYUNE RANCHERIA OF THE CHUK**

Mailing Address 46575 RD. 417

City State Zip Code  
 COARSEGOLD CA 93614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOVEREIGN NATION

Occupation

INDIAN TRIBE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2016

Transaction ID : INCA157

Amount of Each Receipt this Period

25000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

Full Name (Last, First, Middle Initial)

## **A. . FOREST COUNTY POTAWATOMI ACTIO**

Mailing Address 7 N. PINCKEY ST. #300

City State Zip Code  
 MADISON WI 53703

FEC ID number of contributing federal political committee.

C

Name of Employer

SOVEREIGN NATION

Occupation

INDIAN TRIBE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 26 / 2016

Transaction ID : INCA158

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. . COLUSA INDIAN COMMUNITY COUNCI**

Mailing Address 3730 HIGHWAY 45

City State Zip Code  
 COLUSA CA 95932

FEC ID number of contributing federal political committee.

C

Name of Employer

SOVEREIGN NATION

Occupation

INDIAN TRIBE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 27 / 2016

Transaction ID : INCA162

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

30000.00

TOTAL This Period (last page this line number only)..... ►

95000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

Full Name (Last, First, Middle Initial)

**A. WAYNE JOHNSON AGENCY**

Mailing Address 2150 RIVER PLAZA DR. #150

City State Zip Code  
SACRAMENTO CA 95833
Purpose of Disbursement  
CAMPAIGN CONSULTING

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 24 2016
**Transaction ID : EXPB156**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVID BAUER**

Mailing Address 2150 RIVER PLAZA DR. #150

City State Zip Code  
SACRAMENTO CA 95833
Purpose of Disbursement  
ACCOUNTING SVC.

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 26 2016
**Transaction ID : EXPB159**

Amount of Each Disbursement this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5130.00

5130.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 10 OF 14

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**GATEWAY MEDIA**

Nature of Debt (Purpose):

MASS MAIL

Mailing Address 2150 RIVER PLAZA DR. #150

City State

Zip Code

SACRAMENTO

CA

95833

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD164

Amount Incurred This Period

95.11

Payment This Period

0.00

Outstanding Balance at Close of This Period

95.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**GATEWAY MEDIA**

Nature of Debt (Purpose):

MASS MAIL FOR LAMALFA

Mailing Address 2150 RIVER PLAZA DR. #150

City State

Zip Code

SACRAMENTO

CA

95833

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD165

Amount Incurred This Period

22860.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

22860.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

22955.21

2) **TOTALS** This Period (last page this line number only)..... ►

22955.21

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

22955.21

Full Name of Payee <b>GATEWAY MEDIA</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 20 / 2016</div> </div>	
Mailing Address 2150 RIVER PLAZA DR. #150			Amount <div> <div>Amount</div> <div>19115.00</div> </div>	
City SACRAMENTO	State CA	Zip Code 95833	<b>Transaction ID : PDTE10</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>05 / 20 / 2016</div> </div>	
Purpose of Expenditure PHONEBANKS		Category/ Type <div> <div>Category/Type</div> <div>24E</div> </div>		
Name of Federal Candidate DOUG LAMALFA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
			District: <u>01</u> State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <div> <div>Calendar Year-To-Date Per Election for Office Sought</div> <div>96657.53</div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>GATEWAY MEDIA</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2016	
Mailing Address 2150 RIVER PLAZA DR. #150				Amount 1500.00	
City SACRAMENTO	State CA	Zip Code 95833		<b>Transaction ID : PDTE11</b> Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2016	
Purpose of Expenditure RADIO ADVERTISING		Category/ Type 24E			
Name of Federal Candidate DOUG LAMALFA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	District: 01 State: CA
Calendar Year-To-Date Per Election for Office Sought		96657.53		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶ 20615.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶
(c) <b>TOTAL</b> Independent Expenditures.....	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 12 OF 14  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00514224
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>GATEWAY MEDIA</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 24 / 2016</b>
Mailing Address 2150 RIVER PLAZA DR. #150			Amount <b>21467.00</b>
City <b>SACRAMENTO</b>	State <b>CA</b>	Zip Code <b>95833</b>	Transaction ID : <b>EDTEALC15</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>	Category/Type <b>24E</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 24 / 2016</b>
Name of Federal Candidate <b>DOUG LAMALFA</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>96657.53</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>GATEWAY MEDIA</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 26 / 2016</b>
Mailing Address 2150 RIVER PLAZA DR. #150			Amount <b>3000.00</b>
City <b>SACRAMENTO</b>	State <b>CA</b>	Zip Code <b>95833</b>	Transaction ID : <b>EDTEALC18</b>
Purpose of Expenditure <b>VIDEO PRODUCTION</b>	Category/Type <b>24E</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 26 / 2016</b>
Name of Federal Candidate <b>DOUG LAMALFA</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>96657.53</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>24467.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Bauer

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 20 / 2016**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 13 OF 14  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00514224
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>GATEWAY MEDIA</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 27 / 2016</b>
Mailing Address 2150 RIVER PLAZA DR. #150			Amount <b>95.11</b>
City <b>SACRAMENTO</b>	State <b>CA</b>	Zip Code <b>95833</b>	<b>Transaction ID : PDTE12</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>	Category/Type <b>24E</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 27 / 2016</b>
Name of Federal Candidate <b>DOUG LAMALFA</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>96657.53</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>GATEWAY MEDIA</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 27 / 2016</b>
Mailing Address 2150 RIVER PLAZA DR. #150			Amount <b>28620.32</b>
City <b>SACRAMENTO</b>	State <b>CA</b>	Zip Code <b>95833</b>	<b>Transaction ID : EDTEALC16</b>
Purpose of Expenditure <b>MASS MAIL</b>	Category/Type <b>24E</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 27 / 2016</b>
Name of Federal Candidate <b>DOUG LAMALFA</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>96657.53</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>28620.32</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Bauer

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 20 / 2016**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 14 OF 14  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICANS FOR ACCOUNTABILITY IN LEADERSHIP</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00514224       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>GATEWAY MEDIA</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 31 / 2016</div> </div>	
Mailing Address 2150 RIVER PLAZA DR. #150			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22860.10</div>	
City State Zip Code SACRAMENTO CA 95833		<b>Transaction ID : PDTE13</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 31 / 2016</div> </div>		
Purpose of Expenditure MASS MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>		
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose DOUG LAMALFA			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">96657.53</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City State Zip Code		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">73702.32</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>David Bauer</i>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 20 / 2016</div> </div>	

[Electronically Filed]